



Student's Full Name: _____

Student's Mobile Phone Number: _____ D.O.B.: __/__/_____

Any allergies or special instructions we need to know about:

In case of emergency we can contact:

Parent(s) name: _____

Phone Number: _____

Waiver and Release of Liability

As consideration for my child's/my visit to Boyce College and The Southern Baptist Theological Seminary (collectively, the "Institution"), I/we _____, release, indemnify and hold the Institution, its trustees, administrators, other employees and agents, and insurers harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever which may arise from or in connection with his/her/my visit to the Institution. Furthermore, I/we assume all risk and responsibility for injuries, losses, and/or damages to him/her/me, related in any way to the visit. Further, I/we acknowledge and understand that the Institution has made no representations or warranties regarding his/her/my safety or security in connection with the visit, and I/we have chosen to allow him/her/myself to remain on campus in full recognition and knowledge of this fact. The terms hereof shall serve as a release, waiver, and assumption of risk for him/her/me and his/her/my heirs, executors and administrators.

Date: _____

Signature: _____

Date: _____

Parent or Guardian Signature: _____

